01/31/2008 10:20

Image# 28990202212

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For O	ther Than An A	Authorized Cor	nmittee		Office Use Only
NAME OF COMMITTEE (in full)		EC MAILING LABE PE OR PRINT	Example:li over the lir	typing, type nes		
American Health Care	Association Po		nittee			
ADDRESS (number and stre	eet) 120	1 L Street, NW				
Check if different than previously reported. (ACC)		shington			DC	20005
2. FEC IDENTIFICATION	N NUMBER	<b>—</b>	CITY 🛕		STATE	ZIPCODE 🛕
C00006080		3	. IS THIS X	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports  April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re July 31 Mid- Report(Non- Year Only) (I Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) Year election MY)	(c) 12-Day PRE-Election Report for the  (d) 30-Day Post -Electic Report for the	ection on Gener	May 20 (M5) Jun 20 (M6) Jul 20 (M7)  ry (12P) ention (12C)  ral (30G)	Sep :	in the State of
5. Covering Period	12	01 2007	thr	ough 12	3 1	2007
I certify that I have examine Type or Print Name of Trea Signature of Treasurer		s. Gail Clarkson			t and complete.  Date 0 1	31 2008
NOTE : Submission of fals Office	e, erroneous, c	or incomplete inform	ation may subject th	ne person signing th	nis Report to the	penalties of 2 U.S.C 437g.
Use			[			(Rev. 12/2004)

FE6AN026

### SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Health Care Association Political Action Committee <sup>®</sup> D " D 1 2 0 1 2007 1.2 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand Ž007 140530.01 January 1 (b) Cash on Hand at 122539.41 Begining of Reporting Period ..... 29389.94 629887.10 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 151929.35 770417.11 6(a) and 6(c) for Column B) ..... 39057.89 655545.65 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 112871.46 114871.46 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

0 1 3<sup>D</sup>1 м м 1 2 м м 1 2 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 574022.51 28747.15 (i) Itemized (use Schedule A) .......... 642.79 49364.59 (ii) Unitemized ..... (iii) TOTAL (add 29389.94 623387.10 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 3500.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 29389.94 626887.10 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 -1000.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 4000.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 29389.94 629887.10 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 29389.94 629887.10 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 257.89 8524.27 Expenditures..... (c) Total Operating Expenditures 257.89 8524.27 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 38800.00 646900.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 121.38 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 39057.89 655545.65 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 39057.89 655545.65 from Line 31).....

### **DETAILED SUMMARY PAGE**

Page 5

of Disbursements

FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) from Line 11(d), page 3)	29389.94	626887.10
	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	29389.94	626887.10
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	257.89	8524.27
	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-1000.00
	Net Operating Expenditures (subtract Line 37 from Line 36)	257.89	9524.27

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 33 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Cecil Barcelo			Date of Receipt
	Mailing Address 411 Alabama Ave	01-1-	7'- 0-1-	12 24 2007
	City League City	State TX	Zip Code 77573-2615	Transaction ID: C375017
	FEC ID number of contributing federal political committee.	C	77573-2015	Amount of Each Receipt this Period  250.00
	Name of Employer Baywind Village	Occupatio Administ		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
_ 3.	Full Name (Last, First, Middle Initial) Harold Beebe			Date of Receipt
	Mailing Address 14 Northtown Dr Ste 202			12 20 7 2007
	City	State	Zip Code	Transaction ID: C375004
	Jackson  FEC ID number of contributing federal political committee.	MS C	39211-3018	Amount of Each Receipt this Period 250.00
	Name of Employer Delco Inc.	Occupatio Manager		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
- ).	Full Name (Last, First, Middle Initial) Lyn Bentley	1		Date of Receipt
	Mailing Address 1201 L Street NW			12 07 Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20005	Transaction ID: C373314  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer AHCA	Occupatio Director	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 620.00	
	SUBTOTAL of Receipts This Page (optional) .			520.00
ı	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/33 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Health Care Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Lyn Bentley Mailing Address 4004 J. Chront NIM			Date of Receipt
Mailing Address 1201 L Street NW  City	State	Zip Code	1 2 2 7 2 0 0 7  Transaction ID: C375029
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer AHCA	Occupation Director	n	
Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 620.00	
Full Name (Last, First, Middle Initial) Jim Birchem			Date of Receipt
Mailing Address 211 1 st Street SE			12 24 2007
City	State	Zip Code	Transaction ID: C375016
Little Falls  FEC ID number of contributing federal political committee.	C	56345	Amount of Each Receipt this Period 250.00
Name of Employer Eldercare of Minnesota	Occupation Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1200.00	
Full Name (Last, First, Middle Initial) Cam Cecil			Date of Receipt
Mailing Address PO Box 5419			12 14 2007
City	State	Zip Code	Transaction ID: C374735
Spartanburg FEC ID number of contributing federal political committee.	SC C	29304-5419	Amount of Each Receipt this Period 2000.00
Name of Employer Health Care Corporation	Occupation Vice Pres		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
	<u> </u>		2290.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Health Care Associatio	and Statements may not be sold or used by any persong the name and address of any political committee to n Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie Cheeka  Mailing Address 3614 Connecticut Apt 22  City  Washington	Ave NW  State Zip Code DC 20008-2436	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For:  Primary General Other (specify)	Occupation Senior Director of Constituency Affair Aggregate Year-to-Date   300.00	Amount of Each Receipt this Period  11.54
Full Name (Last, First, Middle Initial) Julie Cheeka  Mailing Address 3614 Connecticut Apt 22  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For: Primary General Other (specify)	Ave NW  State Zip Code DC 20008-2436  C  Occupation Senior Director of Constituency Affair Aggregate Year-to-Date  300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Steven E. Chies  Mailing Address 8624 Mississippi  City Coon Rapids  FEC ID number of contributing federal political committee.  Name of Employer Benedictine Health System-Cambridge Receipt For:  Primary General Other (specify)	State Zip Code MN 55433-5968  C  Occupation VP, Long Term Care Services  Aggregate Year-to-Date   5000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	2534.62

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 33 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Health Care Association	nd Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Louis E. Cottrell, Jr.  Mailing Address 4156 Carmichael F  City  Montgomery	State Zip Code AL 36106-2866	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Alabama Nursing Home Association Receipt For:  Primary General	Occupation Executive Director  Aggregate Year-to-Date   1000.00	500.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Heather Anne Cutler Mailing Address 309 W Myrtle St  City Alexandria	State Zip Code VA 22301-2428	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer American Health Care Association Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation PAC Director  Aggregate Year-to-Date   415.80	30.00
Full Name (Last, First, Middle Initial) Heather Anne Cutler Mailing Address 309 W Myrtle St  City Alexandria  FEC ID number of contributing federal political committee.	State Zip Code VA 22301-2428  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer American Health Care Association Receipt For:  Primary  Other (specify) ▼	Occupation PAC Director  Aggregate Year-to-Date   415.80	
SUBTOTAL of Receipts This Page (optional	al)	544.29

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Health Care Association	and Statements may not be sold or used by any persong the name and address of any political committee to a Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Heather Anne Cutler Mailing Address 309 W Myrtle St		Date of Receipt  1 2 2 7 2 0 0 7
City Alexandria	State Zip Code VA 22301-2428	Transaction ID: C375041  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	28.58
Name of Employer American Health Care Association Receipt For:  Primary General  Other (specify) ▼	PAC Director  Aggregate Year-to-Date ▼  415.80	
Full Name (Last, First, Middle Initial) W L Dunn Mailing Address 870 Bexley Ave		Date of Receipt  1 2 0 3 2 0 0 7
City	State Zip Code	Transaction ID: C372146
<u>Marion</u>	OH 43302-5463	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Marion Manor Nursing Hm Inc	Occupation Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2200.00	]
Full Name (Last, First, Middle Initial) Susan Feeney	Di	Date of Receipt
Mailing Address 7005 Metropolitan	PI	12 07 2007
City Falls Church	State Zip Code VA 22043-2330	Transaction ID: C373316
FEC ID number of contributing federal political committee.	C 22043-2330	Amount of Each Receipt this Period  21.43
Name of Employer American Health Care Asso- ciation Receipt For:	Occupation Vice President, Public Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 278.59	
SUBTOTAL of Receipts This Page (ontion	al)	550.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>^</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 11 / 33   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Health Care Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Susan Feeney			Date of Receipt
Mailing Address 7005 Metropolitan I	PI		1 2 2 7 2 0 0 7
City Falls Church	State VA	Zip Code 22043-2330	Transaction ID: C375031  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.86
Name of Employer American Health Care Asso- ciation	Occupation Vice Pres	n sident, Public Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 278.59	
Full Name (Last, First, Middle Initial) Eduardo Gonzalez			Date of Receipt
Mailing Address 118 B St			12 21 2007
City	State	Zip Code	Transaction ID: C375008
Fillmore  FEC ID number of contributing federal political committee.	CA	93015-1763	Amount of Each Receipt this Period  50.00
Name of Employer Fillmore Convalescent Cen-	Occupation Presiden		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Michael Hamm			Date of Receipt
Mailing Address 1501 42nd St Ste 375			M M / D D / Y Y Y Y Y Y 12 24 2007
City West Des Moines	State IA	Zip Code 50266-1090	Transaction ID: C375018  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30200 1030	500.00
Name of Employer Hawkeye Care Centers Inc	Occupation Presiden		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	<b>_</b>	592.86

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 33 (check only one)    X   11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Health Care Association Po	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  David Hebert  Mailing Address 7605 Ridgecrest Drive  City  Alexandria  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For:  Primary General  Other (specify)	State Zip Code VA 22308-1049  C  Occupation Senior Vice President of Advocacy Aggregate Year-to-Date   1171.38	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) David Hebert  Mailing Address 7605 Ridgecrest Drive  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer AHCA  Receipt For: Primary General Other (specify)	State Zip Code VA 22308-1049  C  Occupation Senior Vice President of Advocacy Aggregate Year-to-Date  1171.38	Date of Receipt    M
Full Name (Last, First, Middle Initial) Paul Hubbard  Mailing Address 16540 North Woodsol  City Ramona  FEC ID number of contributing federal political committee.  Name of Employer Plum Healthcare Group LLC  Receipt For: Primary General Other (specify)	State Zip Code CA 92065-6832  C  Occupation Owner  Aggregate Year-to-Date   5000.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional) .	· 	3880.95

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 33 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Health Care Association F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Samuel Kaplan  Mailing Address 5500 Wells Fargo C 90 South Seventh St	t State	Zip Code	Date of Receipt  1 2
Minneapolis  FEC ID number of contributing federal political committee.	C	55402	Amount of Each Receipt this Period  1000.00
Name of Employer Tealwood Care Centers  Receipt For:  Primary  General  Other (specify) ▼	Occupatio Attorney Aggregate	e Year-to-Date ▼ 2000.00	]
Full Name (Last, First, Middle Initial) Richard Kase  Mailing Address 5125 Pine Rockland	s Avenue		Date of Receipt    M
City	State	Zip Code	Transaction ID: C369429
Lithia  FEC ID number of contributing federal political committee.	C	33547	Amount of Each Receipt this Period  1000.00
Name of Employer Cypress Healthcare	Occupatio Presiden	t	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Cheryl Killia			Date of Receipt
Mailing Address 3801 Woodside Dr			12 24 2007
City	State	Zip Code	Transaction ID: C375020
Arlington  FEC ID number of contributing federal political committee.	C	76016-3030	Amount of Each Receipt this Period  25.00
Name of Employer Legacy Care Centers Inc.	Occupatio Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
			2025.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/33 (check only one)  X 11a 11b 11c 12
A	any information copied from such Reports and Stater for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persolress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Health Care Association Politi			
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) David Kyllo			Date of Receipt
	Mailing Address 4621 28th Road South PAYROLL DEDUCTION	I		12 07 YYYY 12007
	City	State	Zip Code	Transaction ID: C373322
	Arlington FEC ID number of contributing federal political committee.	C	22206	Amount of Each Receipt this Period  39.56
	Name of Employer AHCA	·	Assisted Living	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1028.56	
 В.	Full Name (Last, First, Middle Initial) David Kyllo			Date of Receipt
	Mailing Address 4621 28th Road South PAYROLL DEDUCTION	1		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: C375036
	Arlington	VA	22206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		79.12
	Name of Employer AHCA	Occupation Director,	n Assisted Living	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1028.56	]
_ С.	Full Name (Last, First, Middle Initial) Cynthia Klisz Morton			Date of Receipt
	Mailing Address 4609 Overbrook Road			12 21 2007
	City Bethesda	State MD	Zip Code 20816	Transaction ID: C374823  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.10	175.00
	Name of Employer American Health Care Asso- ciation	Occupation	ent Affairs	
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		······	293.68

TOTAL This Period (last page this line number only) ......

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/33   (check only one)   X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Health Care Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly			Date of Receipt
Mailing Address 4005 Nellie Custis D	)r		12 07 / Y Y Y Y Y Y
City Arlington	State VA	Zip Code 22207-5107	Transaction ID: C373320  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	LLEGI GIGI	20.00
Name of Employer Sr. Director of Congressional Affairs Receipt For: Primary General Other (specify)		n Health Care Association  e Year-to-Date ▼  620.00	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly Mailing Address 4005 Nellie Custis D	)r		Date of Receipt
City	State	Zip Code	12 27 2007
Arlington	VA	22207-5107	Transaction ID: C375034  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Sr. Director of Congressi-	Occupation	n n Health Care Association	
onal Affairs Receipt For:		e Year-to-Date	
Primary General Other (specify) ▼	33 13111	620.00	]
Full Name (Last, First, Middle Initial) Eileen Ramage			Date of Receipt
Mailing Address 11108 Post House C	Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C375005
Potomac  FEC ID number of contributing federal political committee.	C	20854-2534	Amount of Each Receipt this Period  1000.00
Name of Employer AHCA	Occupation VP	n	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	)	<b>_</b>	1060.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	
American Health Care Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Shelley Sabo		Date of Receipt
Mailing Address 6360 Tisbury Dr PAYROLL DEDUCT		12 07 2007
City Burke	State Zip Code VA 22015-4061	Transaction ID: C373323
FEC ID number of contributing federal political committee.	C 22013-4061	Amount of Each Receipt this Period  10.00
Name of Employer NCAL	Occupation Director Assisted Living	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  260.00	
Full Name (Last, First, Middle Initial) Shelley Sabo		Date of Receipt
Mailing Address 6360 Tisbury Dr PAYROLL DEDUCT	TION	12 27 27 2007
City	State Zip Code	Transaction ID: C375037
Burke	VA 22015-4061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer NCAL	Occupation Director Assisted Living	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	]
Full Name (Last, First, Middle Initial) V. James Santarsiero		Date of Receipt
Mailing Address Executive Plaza 11 Suite 503	1	12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C373312
Hunt Valley  FEC ID number of contributing federal political committee.	MD 21021	Amount of Each Receipt this Period 5000.00
Name of Employer Perenial Heathcare Manage- ment, Inc.	Occupation Managing Member	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
	l)	5030.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Health Care Association	n Political Action	Committee	
Full Name (Last, First, Middle Initial) Maryanne Sapio			Date of Receipt
Mailing Address 1324 South Kenme	ore Circle		12 07 2007
City	State	Zip Code	Transaction ID: C373324
Arlington  FEC ID number of contributing federal political committee.	C	22204	Amount of Each Receipt this Period  15.79
Name of Employer AHCA	Occupatio Director,	n Government Relations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 284.22	
Full Name (Last, First, Middle Initial)  Maryanne Sapio  Mailing Address 1324 South Kenme	ore Circle		Date of Receipt  1 2 2 7 2 0 0 7
City	State	Zip Code	Transaction ID: C375038
Arlington	VA	22204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.58
Name of Employer AHCA	Occupatio Director.	n Government Relations	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 284.22	]
Full Name (Last, First, Middle Initial) Jennifer Shimer			Date of Receipt
Mailing Address 9507 Shelly Krasn	ow Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fairfax	State VA	Zip Code 22031-4720	Transaction ID: C373321
FEC ID number of contributing federal political committee.	C	22031-4720	Amount of Each Receipt this Period  11.54
Name of Employer AHCA	Occupatio Vice Pres		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	nal)		58.91

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one)    X   11a
A	Any information copied from such Reports and or for commercial purposes, other than using the such as a su	Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Health Care Association P	olitical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Jennifer Shimer			Date of Receipt
	Mailing Address 9507 Shelly Krasnow			12 27 2007
	City Fairfax	State VA	Zip Code 22031-4720	Transaction ID: C375035
	FEC ID number of contributing federal political committee.	C	22031-4720	Amount of Each Receipt this Period  23.08
	Name of Employer AHCA	Occupatio Vice Pre		
	Receipt For:  Primary General  Other (specify) ▼	<del>-                                    </del>	e Year-to-Date ▼ 300.00	
_ 3.	Full Name (Last, First, Middle Initial) Wendy L. Simpson Mailing Address 5235 Linwood Drive			Date of Receipt
			7' 0 1	12 21 2007
	City Los Angeles	State CA	Zip Code 90027	Transaction ID: C375013  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33027	1000.00
	Name of Employer LTC Properties, Inc.	Occupation CEO & F		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_ ;.	Full Name (Last, First, Middle Initial) Matthew D. Smyth			Date of Receipt
	Mailing Address 1201 L Street NW			12 DD / YYYY 107 2007
	City	State	Zip Code	Transaction ID: C373325
	Washington FEC ID number of contributing federal political committee.	C	20005	Amount of Each Receipt this Period  31.25
	Name of Employer American Health Care Asso- ciation	Occupation Director	n of Grassroots	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 528.75	
Г	SUBTOTAL of Receipts This Page (optional)	1		1054.33

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 33 (check only one)    X
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  American Health Care Association	and Statements may not be sold or used by any persoing the name and address of any political committee to	solicit contributions from such committee.
	on Folitical Action Committee	
Full Name (Last, First, Middle Initial)  Matthew D. Smyth		Date of Receipt
Mailing Address 1201 L Street NV	V	12 27 2007
City	State Zip Code	Transaction ID: C375039
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer American Health Care Asso- ciation	Occupation Director of Grassroots	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	528.75	
Full Name (Last, First, Middle Initial) Andrew Stokes		Date of Receipt
Mailing Address 2927 Sterling Pla	ice	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C375012
Altadena	CA 91001-4930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer LTC Properties, Inc.	Occupation VP, Marketing & Strategic Planning	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) John A. Vinson		Date of Receipt
Mailing Address 329 Townpark Ci	rcle	12 21 YYYYY 12 21 2007
City	State Zip Code	Transaction ID: C374839
Louisville	KY 40243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Health Systems of KY	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optic	onal)	2062.50

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 33 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
American Health Care Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Andrew S Weisman		Date of Receipt
Mailing Address 5310 NW 33rd Ave Ste 211 City	State Zip Code	1 2 2 1 2 0 0 7
Fort Lauderdale	FL 33309-6319	Transaction ID: C375009  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer NuVision Management	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Arnold Whitman		Date of Receipt
Mailing Address 1035 Powers Place		12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C373313
Alpharetta	GA 30004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Formation Capital	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Andrew S Weisman		Date of Receipt
Mailing Address 5310 NW 33rd Ave Ste 211		12 21 2007
City Fort Lauderdale	State Zip Code FL 33309-6319	Transaction ID: C374808  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-500.00
Name of Employer NuVision Management	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM]
SUBTOTAL of Receipts This Page (optional)		6250.00

A.

### **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 21/33 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Debi Weisman Date of Receipt Mailing Address 5310 NW 33rd Ave 12 21 2007 City State Zip Code Transaction ID: C374809 Fort Lauderdale FL 33309-6319 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Information Requested Occupation Information Requested Receipt For: Aggregate Year-to-Date [MEMO ITEM] Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	0.00
TOTAL This Period (last page this line number only)	<b>•</b>	28747.15

A.

В.

### SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 22/33 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D57157 **BB & T CREDIT CARD** Date of Disbursement 3 1 2007 Mailing Address 2200 Wilson Blvd Ste 200 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201-3324 211.72 Purpose of Disbursement CC Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D57156 BB & T Date of Disbursement 3 1 2007 Mailing Address PO Box 819 **Operations Center** City State Zip Code Amount of Each Disbursement this Period 27894-0819 Wilson NC 46.17 Purpose of Disbursement Bank Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

		057.00
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	257.89
TOTAL This Period (last page this line number only)	•	257.89

Other (specify)

State:

SCHEDU	ILE B (FEC Form 3X)	Use separate schedule(s		NUMBER:	PAGE 23/33
ITEMIZE	D DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
	on copied from such Reports and Stat rcial purposes, other than using the na				
NAME OF	F COMMITTEE (In Full)  n Health Care Association Politi	· ·			00011001111111100
•	(Last, First, Middle Initial) YE PAC, THE			Transaction ID: D5 Date of Disburseme	
Mailing Ad	ddress PO Box 7255			12 / 21	<sup>'</sup> 2007
City Des Moi		State Zip Code IA 50309		Amount of Each Dis	sbursement this Period
•	of Disbursement ons to federal committees		Category/		4000.00
Office Soi		rsement For: Primary General	Type		
State: Full Name	President District:  (Last, First, Middle Initial)	Other (specify) ▼		Transaction ID: D5	
_	ER WILSON FOR SENATE			Date of Disbursement 1 2 2 1	
City Albuque	rque	State Zip Code NM 87191		Amount of Each Dis	sbursement this Period
	of Disbursement ons to Federal candidates		Category/	L	2300.00
Heather Office Son	ught: House Disbu  X Senate  President	rsement For: 2008  X Primary General Other (specify)	Type		
Full Name	e (Last, First, Middle Initial)			Transaction ID: D5 Date of Disburseme	ent
Mailing Ad	ddress 6380 Wilshire Blvd Ste 1612			12 / 05	Y 2007
City Los Ang		State         Zip Code           CA         90048-5018	}	Amount of Each Dis	-2500.00
	of Disbursement ons to federal committees Name		Category/ Type		2000.00
Office Son	Senate President	rsement For: Primary General Other (specify)			
State:	District:	SD)			3800.00
	of Disbursements This Page (options s Period (last page this line number or				, , , , , , , , , , , , , , , , , , , ,

SCHI	EDULE B (FEC Form 3)	Use sepa	arate schedule(s)		_		NUME	BER:			PAGE	24 /	33
ITEM	IIZED DISBURSEMENTS	for each	category of the Summary Page		(cn	eck onl 21b 27	22 288	X	23 28b		24 28c	25 29	26 30
	ormation copied from such Reports and ommercial purposes, other than using t												S
1 \	ME OF COMMITTEE (In Full) perican Health Care Association F	Political Action Co	ommittee										
	Name (Last, First, Middle Initial) PAC								ion IC				
Mail	ling Address 6380 Wilshire Blvd Ste 1612	d					м <b>1</b>	2 <sup>M</sup>	/ D	0 5	/ Y	ž 0 0 T	7 <sup>Y</sup>
	s Angeles	State CA	Zip Code 90048-5018				Am	ount o	of Eacl	h Disb	ourseme	nt this	
Con	pose of Disbursement htrbutions to federal committees hdidate Name			Ca	atego	orv/						2500.0	10
		Disbursement For:			Тур	-							
Stat	Senate President District:	Primary Other (spe	General ecify) ▼										
Full	Name (Last, First, Middle Initial) BRASKA LEADERSHIP PAC						_		ion IC				
Mail	ling Address P.O. Box 3325						м 1	2 <sup>M</sup>	/ D	0 4	/ Y	ž 0 0 7	7 <sup>Y</sup>
City Om	naha	State NE	Zip Code 68103				Am	ount o	of Eac	h Disb	urseme		
Con	pose of Disbursement htributions to federal committees						L	•		•		5000.0	00
	ndidate Name	· -			atego Type	•							
Offi Stat	Senate President	Disbursement For: Primary Other (spe	General ecify) ▼										
^	Name (Last, First, Middle Initial) DAK PAC							e of D	ion IC isburs	semen	t		
Mail	ling Address PO Box 75214						1 1 <sup>M</sup>	2 <sup>M</sup>	/ D	0 <sup>D</sup>	/   Y	ž 0 Ď :	7 <sup>Y</sup>
	shington	State DC	Zip Code 20013				Am	ount o	of Eacl	h Disb	ourseme		
Con	pose of Disbursement ntributions to federal committees adidate Name				atego Type			•				3000.0	, ,
	Senate President	Disbursement For: Primary Other (spe	General ecify) ▼										
Stat		otional)						•	-	•	10	500.0	0
	OTAL of Disbursements This Page (or Left This Period (last page this line number)					<u> </u>	F	•				23310	

Washington DC 20013   Purpose of Disbursement Contributions to federal committees Category/ Type   Office Sought: House Senate Primary General District:   Full Name (Last, First, Middle Initial) OUR CONGRESS POLITICAL ACTION COMMITTEE   Mailing Address PO BOX 344 Transaction ID: D56092 Date of Disbursement   City PRESCOTT AR 71857 AR 71857   Purpose of Disbursement Contributions to federal committees Category/ Type   Candidate Name Category/ Type   Office Sought: House Senate Primary General Other (specify) Type   Office Sought: House President Senate Primary General Other (specify) Type   State: Disbursement For: Senate Primary General Other (specify) Type   State: District:   Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS   Mailing Address P.O. Box 45706    Transaction ID: D56083 Date of Disbursement  Mg Mailing Address P.O. Box 45706	CEMIZED DICDUDGEMENTS	Use separate schedule	S) (check only	NUMBER: PAGE 25 / 33 y one)
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) NODAK PAC  Mailing Address PO Box 75214  City State Zip Code Washington DC 20013  Purpose of Disbursement Contributions to federal committees  Candidate Name  Office Sought: House Senate Primary General Primary General Primary General Other (specify) ▼  Transaction ID: D56092  Date of Disbursement this Peri Va 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: D56083  Date of Disbursement In 12 W 0 0 5 / V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 1 V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 1 V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 1 V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 1 V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 1 V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 1 V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 1 V 2 0 0 7 V  Amount of Each Disbursement In 12 W 0 0 1 V 2 0 0 7 V  Category/ C		Detailed Summary Page	21b 27	28a 28b 28c 29
NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee  Full Name (Last, First, Middle Initial) NODAK PAC  Mailing Address PO Box 75214  City State Zip Code DC 20013  Purpose of Disbursement Contributions to lederal committees  Candidate Name  Office Sought: House Senate President State Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial) OUR CONGRESS POLITICAL ACTION COMMITTEE  Mailing Address PO BOX 344  City State Zip Code PRESCOTT AR 71857  Purpose of Disbursement Contributions to federal committees  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Alt_YSON SCHWARTZ FOR CONGRESS  Mailing Address P.O. Box 45708  City State Zip Code PA 19149  Purpose of Disbursement Contributions to federal committees  Cardidate Name  Office Sought: House Senate President Other (specify) ▼  Category' Type  Amount of Each Disbursement this Perinary General Other (specify) ▼  Transaction ID: D56092  Date of Disbursement  Category' Type  Amount of Each Disbursement this Perinary General Other (specify) ▼  Transaction ID: D56092  Date of Disbursement this Perinary General Other (specify) ▼  Transaction ID: D56092  Date of Disbursement this Perinary General Other (specify) ▼  Transaction ID: D56093  Date of Disbursement this Perinary General Other (specify) ▼  Amount of Each Disbursement this Perinary General Other (specify) ▼  Amount of Each Disbursement this Perinary General Other (specify) ▼  Other (specify) ▼  Transaction ID: D56083  Date of Disbursement this Perinary General Other (specify) ▼  Transaction ID: D56083  Date of Disbursement this Perinary General Other (specify) ▼				
Mailing Address PO Box 75214  City State Zip Code Washington DC 20013  Purpose of Disbursement Contributions to federal committees  Candidate Name  Office Sought: House Senate President State Zip Code PRESCOTT AR 71857  Purpose of Disbursement Contributions to federal committees  Candidate Name  Office Sought: House Senate President State Zip Code AR 71857  Purpose of Disbursement For: Senate President State Zip Code AR 71857  Purpose of Disbursement For: Senate President State Zip Code AR 71857  Purpose of Disbursement For: Senate President State Zip Code AR 71857  Purpose of Disbursement For: Senate President State Zip Code AR 71857  Purpose of Disbursement For: Senate President State Zip Code President State: District:  Full Name (Last, First, Middle Initial)  ALLYSON SCHWARTZ FOR CONGRESS  Mailing Address P.O. Box 45706  City State Zip Code Philadelphia PA 19149  Purpose of Disbursement Contributions to federal candidates Candidate Name Category' Type  Office Sought: House Senate PA 19149  Purpose of Disbursement Contributions to federal candidates Candidate Name Category' Type  Office Sought: House Senate PA 19149  Purpose of Disbursement Contributions to federal candidates Candidate Name Category' Type  Office Sought: House Senate PA 19149  Purpose of Disbursement Contributions to federal candidates Candidate Name Category' Type  Office Sought: House Senate PA 19149  Purpose of Disbursement Contributions to federal candidates Candidate Name Category' Type  Office Sought: House Senate PA 19149  Purpose of Disbursement Category' Type  Office Sought: Part President Port Senate PA 19149  Purpose of Disbursement Port Senate PA 19149  Purpose of Dis	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,		
City Washington	,			
Purpose of Disbursement	Mailing Address PO Box 75214			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} ]$
Contributions to federal committees  Candidate Name  Office Sought: House Senate Priseident Primary General President State: District:  Full Name (Last, First, Middle Initial) OUR CONGRESS POLITICAL ACTION COMMITTEE  Mailing Address PO BOX 344  City State Zip Code AR 71857  Purpose of Disbursement Contributions to federal committees  Candidate Name  Office Sought: House Primary General Primary General Primary General Primary General Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement this Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement This Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement This Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement This Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement This Perion Senate Primary General Other (specify) ▼  Transaction ID: D56092 Date of Disbursement This Perion Senate Primary General Other (specify) ▼  Trans				Amount of Each Disbursement this Perio
Office Sought: House   Primary   General   Other (specify)   ▼  State: District:   Other (specify)   ▼  Full Name (Last, First, Middle Initial)   OUR CONGRESS POLITICAL ACTION COMMITTEE   Disbursement   1/2 M   1/				2000.00
Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) OUR CONGRESS POLITICAL ACTION COMMITTEE  Mailing Address PO BOX 344  City State Zip Code AR 71857  Purpose of Disbursement Contributions to federal committees  Candidate Name  Disbursement For: Senate Primary General Other (specify) ▼  City Primary Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement For: Senate President Disbursement Di	Candidate Name			
Full Name (Last, First, Middle Initial) OUR CONGRESS POLITICAL ACTION COMMITTEE  Mailing Address PO BOX 344  City PRESCOTT AR 71857  Purpose of Disbursement Contributions to federal committees  Candidate Name  Other (specify) ▼  State Zip Code Primary General Primary General Disbursement  Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS  Mailing Address P.O. Box 45706  City Purpose of Disbursement  Contributions to federal candidates  Category/ Type  Transaction ID: D56092 Date of Disbursement this Perion of Primary General Disbursement Initial Date of Disbursement  Transaction ID: D56092 Date of Disbursement this Perion of Primary General Date of Disbursement  Transaction ID: D56083 Date of Disbursement  Tran	Senate President	Primary Genera	ı	
OUR CONGRESS POLITICAL ACTION COMMITTEE  Mailing Address PO BOX 344  City State Zip Code AR 71857  Purpose of Disbursement Contributions to federal committees  Candidate Name  Category/ Type  Office Sought: House President Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS  Mailing Address P.O. Box 45706  City State Zip Code Primary General Disbursement Tor: State Zip Code Philladelphia PA 19149  Purpose of Disbursement Contributions to federal candidates  Candidate Name Rep. Allyson Y. Schwartz  Office Sought: Y House Senate Primary General Disbursement For: 2008  Senate PA 19149  Purpose of Disbursement Contributions to federal candidates  Candidate Name Rep. Allyson Y. Schwartz  Office Sought: X House Senate Primary General Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement this Period Category/Type  Category/Type  Amount of Each Disbursement this Period Category/Type  Office Sought: X House Senate Primary General President Other (specify) ▼  Other (specify) ▼				
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PRÉSCOTT  Purpose of Disbursement Contributions to federal committees  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS  Mailing Address P.O. Box 45706  City State Zip Code Philadelphia PA 19149  Purpose of Disbursement Contributions to federal candidates Candidate Name Rep. Allyson Y. Schwartz  Office Sought: X House Primary General Category/ Type  Category/ Type  Amount of Each Disbursement this Period.  Category/ Type  Category/ Type  Category/ Type  Office Sought: X House Primary General Other (specify) ▼  Other (specify) ▼	Mailing Address PO BOX 344			12 05 7 2007
Contributions to federal committees  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS  Mailing Address P.O. Box 45706  City State Zip Code Philadelphia PA 19149  Purpose of Disbursement Contributions to federal candidates Candidate Name Rep. Allyson Y. Schwartz  Office Sought: X House Senate Primary General Other (specify) ▼  Amount of Each Disbursement Type  Category/ Type  Office Sought: X House Senate Primary General Other (specify) ▼  Other (specify) ▼				Amount of Each Disbursement this Peri
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS  Mailing Address P.O. Box 45706  City Philadelphia PA 19149  Purpose of Disbursement Contributions to federal candidates  Candidate Name Rep. Allyson Y. Schwartz  Office Sought: X House Senate President Disbursement For: 2008 Senate President Other (specify) ▼  Office Sought: X House Disbursement General Other (specify) ▼  Office Senate President Other (specify) ▼  Office Sought: X Primary General Other (specify) ▼	Contributions to federal committees			2500.00
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Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS  Mailing Address P.O. Box 45706  City State Zip Code Philadelphia PA 19149  Purpose of Disbursement Contributions to federal candidates  Candidate Name Rep. Allyson Y. Schwartz  Office Sought: X House Disbursement For: 2008 Senate President Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)	Senate President	Primary Genera	ı	
ALLYSON SCHWARTZ FOR CONGRESS  Mailing Address P.O. Box 45706  City State Zip Code Philadelphia PA 19149  Purpose of Disbursement Contributions to federal candidates  Candidate Name Rep. Allyson Y. Schwartz  Office Sought: X House Senate President  Date of Disbursement  Amount of Each Disbursement this Period Type  Category/ Type  Office Sought: X Primary General Other (specify)				Transaction ID: D56083
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Philadelphia PA 19149  Purpose of Disbursement Contributions to federal candidates  Candidate Name Rep. Allyson Y. Schwartz  Office Sought: X House Senate President  President  Disbursement For: 2008  X Primary General Other (specify) ▼	Mailing Address P.O. Box 45706			12 04 2007
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	Mailing Address PO Box 12612					1 <sup>™</sup> 2	М	<sup>□</sup> C	) <b>4</b>	¥	ž o ŏ 7	7
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	y Information copied from such Reports and for commercial purposes, other than using the succession of				
$\rangle$	NAME OF COMMITTEE (In Full) American Health Care Association I	Political Action Committee			
<b>/</b>	Full Name (Last, First, Middle Initial) HEATHER WILSON FOR CONGRE	ESS			Transaction ID: D56076 Date of Disbursement
	Mailing Address P.O. BOX 14070				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City ALBUQUERQUE	State Zip Code NM 87191			Amount of Each Disbursement this Period
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	State: NM District: 01  Full Name (Last, First, Middle Initial)  HEATHER WILSON FOR CONGRE	ESS			Transaction ID: D56850 Date of Disbursement
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American Health Care Association Politic	al Action Committee	
Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (F Mailing Address POST OFFICE BOX 71		Transaction ID: D56081 Date of Disbursement  May 1 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ROCKWALL	State Zip Code TX 75087	Amount of Each Disbursement this Perio
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	Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE  Mailing Address PO Box 21093							sburs				0 ŏ 7	Y
	City Catonsville	State Zip Code MD 21228-0593	3			Amou	int o	f Each	n Dist	ourse	-	this P	
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Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA IN Mailing Address PO BOX 1859	NC .			saction ID: of Disburse		ž 0 ŏ 7	, Y
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Mailing Address PO Box 16488			1 2		21	ž 0 ŏ 7	
City Arlington	State Zip Code VA 22215		Amou	unt of Each	Disburse		-
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